<table>
<thead>
<tr>
<th>Store Name:</th>
<th>WIC Vendor Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Store Address:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Store Personnel's Name:</td>
<td>Title:</td>
</tr>
</tbody>
</table>

If this is a complaint about a WIC customer please list the agency number, check number, participant name, and participant number from top of the WIC check that was redeemed.

<table>
<thead>
<tr>
<th>Local Agency Number:</th>
<th>Check Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Name:</td>
<td>Participant Number:</td>
</tr>
<tr>
<td>Date:</td>
<td>Time of Incident:</td>
</tr>
</tbody>
</table>

**Details of Event:**

- ☐ WIC customer tried to buy unauthorized items with check.
- ☐ WIC customer tried to receive cash for WIC check or in addition to food.
- ☐ WIC customer tried to return items purchased with WIC checks for cash or credit.
- ☐ WIC customer was verbally or physically abusive to employees.
- ☐ Other ________________________________

**Additional Comments:**

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
(Attach additional sheets as needed.)

**Mail, Email or Fax To:**
Missouri Department of Health and Senior Services
WIC and Nutrition Services
P. O. Box 570
Jefferson City, MO 65102-0570
Fax: 573-526-1470
MOWICVENDORGROUP@HEALTH.MO.GOV

This institution is an equal opportunity provider.

(Rev. 3/18)